## **ACUTE FLACCID PARALYSIS (AFP)**

All Primary, Secondary and Tertiary Health Care Facilities including Private Clinics/Hospitals are responsible for AFP Mandatory reporting

AFP Case Definition: Any individual less than 15 years of age developing sudden onset of weakness (flaccid paralysis) in any of the limbs

sudden onset of weakness (flaccid paralysis) in any of the limbs Notify the case to Immunization **Secondary and tertiary hospitals: Preliminary Case Investigation and Reporting**  Notify the case to Public Health Notify the case to Public Health Directorategroup at hotline: 38817484 or to **Disease Control Section immediately. Directorate- Disease Control Section** Communicable Diseases group at The treating Physician should elicit relevant immediately. 66399868 hotline: history and conduct clinical examination. Admit the case if required. Ensure neurologist consultation. Check vaccination status from child Thorough clinical examination and vaccination certificate. laboratory investigations. Refer the child to Accident and Emergency Ensure collection of two stool in hospitals. specimens from the case > 24 hours apart and within >14 days after onset **Epidemiological Investigation** of paralysis AFP focal point to conduct Fill the case investigation form. investigation and coordinate all **Notify Head of communicable Disease Group**  Conduct specialized investigations AFP related activities. and Head of Immunization Group EPI. e.g., nerve conduction study. Arrange for two stool specimen Provide final discharge diagnosis. collection > 24 hours apart and within < 14 days after onset of **Disease Control Section** paralysis. To coordinate surveillance activities at If inadequate stool arranges for national level and report to WHO-EMRO. one stool sample from each of 5 To collate following reports: contact (aged ≤ 15 years) preferably 1. Notification form. ≤ 5 years within the family, 2. Child vaccination certificate. extended family and or immediate 3. Investigation report. **Refer to Polio Eradication Experts** neighbourhood. 4. Laboratory results. **Group and consult Pediatric** 5. Discharge report. Transport specimen in a special **Neurology** at the following hospitals: 6. Sixty-days follow-up report. container, preferably frozen. Dr. Ayman Khalil (SMC) To prepare profile of notified AFP case for Ensure 60-days follow-up done Dr. Raafat Hammad (BDF) submission to the "Polio Eradication Expert (after onset) to assess for residual Prof. Kevin Dunne (KHUH) Group" paralysis in the case. **Public Health Laboratory** Polio Eradication Expert Group To provide final classification of the cases based on the following documents: Investigation Arrange and dispatch all Epidemiological investigation report. stool specimens to reference Polio virus vaccination records. laboratory at the earliest. Virological study results i.e., whether wild or Sabin like poliovirus isolated from the case or Communicate the results with contacts (laboratory report within 21 days). Final clinical classification with discharge diagnosis. Disease Control Section. Residual paralysis after 60-days follow-up. Final Classification

Discarded

Adequate sample and 'No' wild poliovirus isolated

Polio-compatible

Stool 'not' collected or is inadequate with residual paralysis after 60 days follow up

Polio Eradication Certificate Committee Validation and Review of Data